

NEW JERSEY STATE BOARD OF MEDICAL EXAMINERS
Application for Privileges
N.J.A.C. 13:35-4A.12

PSYCHIATRY

Procedures Requiring Anesthesia

PRIVILEGE CRITERIA

1. Attestation (Attachment 1 - in attestation format provided)

I am demonstrating clinical experience by attesting, in Attachment 1, to the number and type of procedures in psychiatry which I performed in the last two years with acceptable results for patients of all age groups, except age groups specifically excluded from my practice, **plus** through additional material below.

2. Training (Attachments 2A and, if certain privileges requested, 2B, 2C)

I am providing, as Attachment 2A, documentary evidence of **one** of the following:

(1) Current certification in psychiatry by the American Board of Psychiatry and Neurology (ABPNB) or the American Osteopathic Board of Neurology and Psychiatry (AOBNP) or any other certification entity that is demonstrated by the applicant to have standards of comparable rigor **OR**

(2) Successful completion of an ACGME/AOA accredited residency training program in psychiatry, **OR**

(3) Supervised training in residency or fellowship or other equivalent experience in _____ **(another field) AND** active participation in examination process leading to certification in psychiatry.

3. Record Review/Clinical Observation:

References - Names, addresses and specialty, residency or observation only - (Attachment 3 - in format provided)

I am providing the names, addresses and specialty of three plenary licensed physicians who will directly submit references addressing my current competence based on their personal knowledge obtained either during a residency training completed during the two years preceding the date of this application or through personal observation during the two years preceding the date of this application.

4. Log of procedures (Attachment 4A - in format provided)

I am providing, as Attachment 4A, a **separate log** listing all patients for whom, in an office setting or licensed ambulatory care facility setting during the two years preceding the date of the application, I performed any of the procedures for which I am requesting

Licensee Name: _____ License Number: _____

privileges. The log shall include a patient number, the type of anesthesia service provided, the surgery or special procedure performed and the date(s) of service. Patient names and other identifying data are redacted.

I am maintaining **in my office** a list or other means to identify the patient, based on the number included in the log.

Within each log, I have identified any patients contained in the log who have experienced complications relating to my performance of surgery or special procedures or anesthesia services in an office setting or licensed ambulatory care facility setting and their resulting outcomes.

As part of the application for privileges process, from the logs I am providing, at least 5 cases, **with personal identifiers redacted**, that are representative of the type of procedures for which I requested privileges will be selected and I will be asked to provide patient records (or pertinent portions), along with a completed case summary form for each. _____

DELINEATION OF PRIVILEGES

I have checked the column on the left of those privileges listed below to indicate those procedures for which I do not hold hospital privileges and for which I am requesting alternative privileges to perform these procedure(s) in the office setting.

Requested Privileges

_____ sodium amytal interview
_____ electroconvulsive therapy
_____ Other - Please specify and provide supporting documentation on a separate page:

I certify that my attestation of the number of procedures and any materials provided incident to this form (i.e. "supporting documentation") are true and accurate. I am aware that if any of the foregoing statements made by me or if the materials submitted by me are willfully false, I am subject to punishment.

Signature and printed name of Applicant

Date

Below this line for Administration Use Only

Application Tracking Record:

Initial Receipt Date of Application _____

Transmittal Date to Outsourcing Entity _____

Supplemental Information Requested _____

Licensee Name: _____ License Number: _____

Supplemental Information Received	_____
Outsourcing Entity Recommendation	_____
Outsourcing Entity Reviewer	_____
Board Committee Review Date	_____
Board Disposition Date	_____

Licensee Name: _____ License Number: _____